

## **Guidelines for OVHA Coverage**

### **ITEM: SUCTION DEVICE**

**DEFINITION:** A device that utilizes suction to remove respiratory secretions that cannot be managed by the beneficiary because of a compromised cough mechanism or tracheostomy.

**GUIDELINES:** A suction device may be appropriate for an individual who:

- Has a medical condition which impairs the raising and clearing of secretions AND
- The device has been prescribed by a physician who is an active participant in the VT Medicaid program AND
- The individual has unsuccessfully tried less invasive, less costly devices and techniques to raise and clear secretions with training by a skilled professional practitioner such as a nurse, a physical or respiratory therapist, or a pulmonologist AND
- The individual and/or caregiver has successfully demonstrated, to a knowledgeable practitioner such as a home health or hospital nurse, the ability to use, manage, and clean the suction device to a skilled professional practitioner.

### **APPLICABLE CODES:**

E0600 Respiratory suction pump, home model, portable or stationary, electric.

**CAUTIONS:** Suctioning can have adverse effects on heart rate, intracranial pressure and arterial oxygen saturation, and may also negatively impact respiratory rate and mean arterial pressure. Care should be taken to determine the most appropriate catheter size and suction pressure. Suction can also be anxiety producing for some individuals with respiratory compromise. Care should be taken that all appropriate non-invasive measures have been tried before resorting to the use of suction.

**EXAMPLES OF DIAGNOSES:** Cancer or surgery of the throat, swallowing dysfunction, tracheostomy, cerebral palsy, multiple sclerosis, high level spinal cord injury, unconscious or obtunded state.

### **REQUIRED DOCUMENTATION:**

- Current, complete Certificate of Medical Necessity
- Supporting documentation demonstrating that the beneficiary has a medical condition which impairs the raising and clearing of secretions AND has unsuccessfully tried less invasive, less costly devices and techniques to raise and clear secretions with training by a skilled professional practitioner such as a nurse, a physical therapist, a respiratory therapist, or a pulmonologist AND that the beneficiary and/or caregiver has successfully demonstrated, to a knowledgeable practitioner such as a home health or hospital nurse, the ability to use, manage, and clean the suction device.

### **REFERENCES:**

Complete Guide to Medicare Coverage Issues, St. Anthony's Publ., Nov. 2001, Ingenix Inc., Reston, VA.

Medicare Equipment Coverage Information: Respiratory Equipment. Health – E – quip Co., [www.health-e-quip.com](http://www.health-e-quip.com).

Singh NC et al. Physiologic responses to endotracheal and oral suctioning in paediatric patients: the influence of endotracheal tube sizes and suction pressures. Clin Intensive Care 1991;2(6):345-50.

Gemma M et al. Intracranial effects of endotracheal suctioning in the acute phase of head injury. J Neurosurg Anesthesiol 2002 Jan;14(1):50-4.

Rhode Island DHS: Screening list for Durable Medical Equipment. [www.dhs.state.ri.us](http://www.dhs.state.ri.us).

**Medical Director's signature:** \_\_\_\_\_

**OVHA Director's signature:** \_\_\_\_\_

**Date:**

**Revision 1:**

**Revision 2:**

**Revision 3:**